

CMHC HEALTHCARE HOME

Client Dis-Enrollment Confirmation Letter (MHD Letterhead)

<Date>

<Name>

<Street Address>

<City, State Zip Code>

RE: Request for Dis-Enrollment of Healthcare Home Services

DCN:

Dear <Name>:

Your request to decline Healthcare Home services from <CMHC provider> has been received. Participation in this program is voluntary. Healthcare Home services would be covered under your current MO HealthNet plan at no additional charge to you.

Declining Healthcare Home services will not affect other MO HealthNet covered services you currently receive from <CMHC provider> and other providers.

If you wish to receive Healthcare Home services in the future, please contact your Community Mental Health Center for assistance in enrolling for these enhanced services.

Sincerely,